

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be additional reimbursement of \$32,234.62 for dates of service commencing on 11/09/01 and extending through 11/15/01.
- b. The request was received on 06/25/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC 60
 - b. UB-92
 - c. EOB(s)
 - d. Hospital Summary of Charges
 - e. Based on Commission Rule 133.307 (g), the Division notified the Requestor of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 07/15/02. There is no response from the Requestor in the file. A "No Provider 14 Day Response Found" from the Requestor is reflected in Exhibit I.
 - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II:
 - a. TWCC 60 and Response to a Request for Dispute Resolution
 - b. Letter from TWCC regarding two policy issues dated 02/02/02
 - c. Copy of a Question/Resolution Log dated 10/12/00
 - d. Copy of the 2001 DRG Guidebook
 - e. Based on Commission Rule 133.307 (g) (4), the Division notified the Requestor with a copy to the insurance carrier Austin Representative of the Requestor's requirement to submit two copies of additional documentation relevant to the fee dispute on 07/15/02. The Requestor did not submit additional information. There is no Carrier 14 day response to this medical fee dispute in the file.
 - f. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

III. PARTIES' POSITIONS

1. Requestor: No position statement.
2. Respondent:

“...(Carrier) is contesting that (Requestor’s) claimed usual and customary rate for the admission of (Claimant), dates of service 11/9/01-11/14/01. Since this bill has already been submitted to medical dispute resolution, (Carrier) will not be issuing a payment under the Texas Labor Code 408.027 at this time; however future claims will be monitored closely and (Carrier) will be issuing payment disputes as allowed per Texas Labor Code 408.027.”

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing on 11/09/01 and extending through 11/15/01.
2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.
3. Per the Requestor’s Table of Disputed Services, the Requestor billed the Carrier \$42,979.50 for services rendered on the above dates in dispute.
4. Per the Requestor’s Table of Disputed Services, the Carrier paid the Requestor \$10,590.00 for services rendered on the above dates in dispute.
5. Per the Requestor’s Table of Disputed Services, the amount in dispute is \$32,234.62 for services rendered on the above dates in dispute.
6. The Carrier’s EOB(s) deny additional reimbursement as, “(F)-THE CHARGES FOR THIS HOSPITALIZATION HAVE BEEN REDUCED BASED ON THE FEE SCHEDULE ALLOWANCE.”
7. There is no medical documentation in the file to support that services were rendered as billed.

V. RATIONALE

Medical Review Division's rationale:

The Provider did not submit any medical documentation as required by Rule 133.307 (g)(3)(B) in their dispute packet to support that the services were rendered. The Medical Review Division is unable to determine what services were rendered or what services could be deducted such as personal items or those not related to the compensable injury. Therefore, additional reimbursement is not recommended for the dates of service commencing on 11/09/01 and extending through 11/15/01.

The above Findings and Decision are hereby issued this 19th day of November 2002.

Denise Terry
Medical Dispute Resolution Officer
Medical Review Division

DT/dt